

RELEASE OF STUDENT RECORDS

_____ (LEA) hereby requests the release of Special Education Records for the following student(s):

_____	_____
_____	_____
_____	_____
_____	_____

The persons/agencies named below are authorized to disclose to each other confidential information regarding the above named student(s).

AND	
_____ Name and Position of Requesting School Staff Person	_____ Name of Sending School/LEA
_____ Name of Requesting School	_____ Name of Sending Person
Address: _____	Address: _____
Phone #: _____	Phone #: _____
FAX #: _____	FAX #: _____

RECORDS TO BE RELEASED/DISCLOSED

- ☐ IEP file(s)*
- ☐ All educational tests, achievement data, and progress reports
- ☐ All Psychiatric/Independent Evals., Psychiatric/Social/Adaptive Test/Data, Medical Records/Data, Anecdotal and Program data
- ☐ All Vocational Testing
- ☐ Other: (specify) _____

PURPOSE OF RELEASE/DISCLOSURE

- ☐ To assist in educational planning
- ☐ Transfer of school records
- ☐ Other: _____

***IEP File Contents Include:**

IEP, FUBA/BIP, Notice of Meeting, Anecdotal Logs, Progress Reports, Team Summary and Eligibility, Evaluation Results, Re-Evaluation Data Review, Speech Evaluation Reports, Hearing/Vision Screens, Notice of Placement/Initial Placement, Prior Notice and Consent for Evaluation, At-Risk Interventions, Referral for Evaluation for Special Education.

(NOT REQUIRED FOR TRANSFER WITHIN THE STATE OF UTAH)

Signature of Parent/Guardian:

Signature of Requesting School Representative/Date